Department of Veterans Affairs

Health Care Overview

March 2009

inside

Building on over 50 years of providing quality health care services to our nation's Veterans

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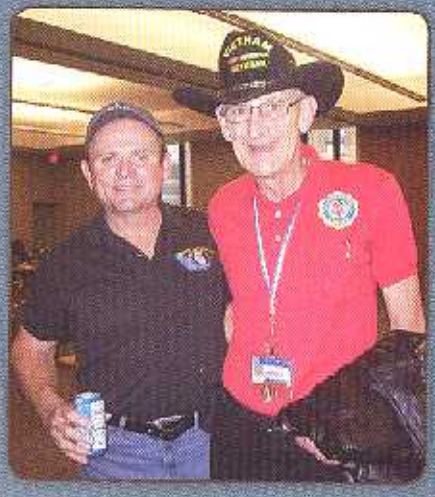


Introduction

This guide is designed to provide Veterans and their families with the information they need to understand VA's health care system eligibility requirements, its enrollment process, including enrollment priority groups, copays that certain Veterans may be charged and the health benefits and services available to help Veterans.

Additionally, inside you will find helpful information about My HealtheVet, Creditable Coverage for Medicare Part D, Income Verification and medically related travel benefits.

This brochure is not intended to provide information on all of the health services offered by VA. If we have not addressed your specific questions, additional assistance is available at the following resources:

- Your local VA health care facility's Enrollment Office
- **www.va.gov/healtheligibility**
- **www.myhealth.va.gov**
- Veterans Health Benefits Service Center 1-877-222-VETS (8387)

VA enrollment also allows health care benefits to become completely portable throughout the entire VA system.

Overview

Today's Veterans have a comprehensive medical benefits package, which VA administers through an annual patient enrollment system. The enrollment system is based on priority groups to ensure that health care benefits are readily available to all enrolled Veterans (see Enrollment Priority Groups on page 14).

Complementing the expansion of benefits and improved access is our ongoing commitment to providing the very best in quality service. Our goal is to ensure that our patients receive the finest quality of health care regardless of the treatment program, regardless of the location. In addition to our ongoing quality assurance activities, we've made it easier for Veterans to get the health care they need. New locations continue to be added to the VA health care system—bringing the total number of treatment sites to over 1,400 nationwide.

As explained further in this guide, most Veterans must be enrolled to receive VA health care. While some Veterans are not required to enroll due to their special eligibility status, all Veterans—including those who have special eligibility—are encouraged to apply for enrollment. Enrollment helps us to determine the number of potential Veterans who may seek VA health care services and is a very important part of our planning efforts.

Enrollment in the VA health care system provides Veterans with the assurance that comprehensive health care services will be available when and where they are needed during that enrollment period. In addition to the assurance that services will be available, enrolled Veterans welcome not having to repeat the application process—regardless of where they seek their care or how often.

Veterans Choose the VA Facility

As part of the enrollment process, Veterans should select the VA health care facility or Community Based Outpatient Clinic (CBOC) to serve as his/her primary treatment facility.

Benefits on the Go

VA enrollment also allows health care benefits to become completely portable throughout the entire VA health care system. Enrolled Veterans who are traveling or who spend time away from their primary treatment facility may obtain care at any VA health care facility across the country without the worry of having to reapply. Veterans with a Service-connected condition may receive treatment for that condition even in a foreign country (see Foreign Medical Program on page 19).

Notice of Privacy Practices

Veterans who are enrolled for VA health care benefits are afforded various privacy rights under federal law and regulations, including the right to a Notice of Privacy Practices. The Veterans Health Administration (VHA) issued the VA Notice of Privacy Practices, IB 10-163, in April 2003. The VA Notice of Privacy Practices provides enrolled Veterans with information on how

VHA may use and disclose personal health information. The Notice also advises enrolled Veterans of their rights to know when and to whom their health information may have been disclosed, request access to or receive a copy of their health information on file with VHA, request an amendment to correct inaccurate information on file and file a privacy complaint. The VA Notice of Privacy Practices, may be obtained through the Internet at **www.va.gov/vhapublications/viewpublication.asp?pub_id=1089** or through the mail by writing the VHA Privacy Office (19F2), 810 Vermont Avenue NW, Washington, DC 20420.

On-Line Access to VA Health Information and Services

My Health*e*Vet, **www.myhealth.va.gov**, is VA's award-winning e-health Web site, which offers Veterans, active duty service members and their dependents and caregivers anywhere, anytime Internet access to VA health care information and services. My Health*e*Vet is a free, online Personal Health Record that empowers Veterans to become more informed partners in their health care. With My Health*e*Vet, America's Veterans can access trusted, secure and informed health and benefits information at their convenience. Veterans may log on to My Health*e*Vet at **www.myhealth.va.gov** and begin to better manage their health care and make informed decisions in collaboration with their health care providers. Veterans can also record and store important health and military history information. To register, Veterans simply need to go to **www.myhealth.va.gov**.

*With My Health*e*Vet, America's Veterans can access trusted, secure, and informed health and benefits information at their convenience.*

With My Health*e*Vet, registrants can access

Refill VA Prescriptions
VA Benefits & Services
Local VA Events & Activities
Personal Health Journals
Vitals Tracking & Graphing
Military Health History
Activity/Food Journals
Healthy Living Centers
VA News & Feature Stories
Disease & Condition Centers
Trusted Health Information

Veterans who receive care at a VA facility should ask for In Person Authentication, or "IPA", to obtain an upgraded account that offers additional access to key features of their Personal Health Record.

Contact your facility's Release of Information section for more information and to find out how to sign up to be authenticated.

Prior to completing the IPA process, you will need to take the following steps:

Step 1: Go to the MyHealtheVet Web site at **www.myhealth.va.gov** and scroll down to:

Step 2: View the My HealtheVet Orientation Video online, or read the MHV Orientation Video transcript.

Please note that the video can also be viewed at your VA facility.

Step 3: Complete the Individuals' Request for a Copy of Their Own Health Information, VA Form 10-5345a-MHV, available online at **vaww.va.gov/vaforms/medical/pdf/vha-10-5345a-fill.pdf**, or at your medical facility.

Step 4: Take the signed VA Form 10-5345a-MHV, along with a valid government issued photo identification card, to a VA staff member assigned to handle authentication.

The facility will verify your name, Social Security number and date of birth.

When this one-time process is completed, the Veteran may have access to My Health*e*Vet online Personal Health Record to key portions of their VA medical records. Medication names will be available, so Veterans will be able to refill their VA prescriptions by medication name.

In the future Veterans will be able to:

- View VA Appointments (coming in 2009)
- Obtain personalized VA Appointment Reminders (coming in 2009)
- Obtain personalized VA Wellness Reminders (coming in 2009)
- Communicate with participating health care

providers through Secure Messaging (coming to local facilities throughout 2009 and 2010)

- View lab results (coming 2010)

Veterans, active duty service members and others are urged to join hundreds of thousands of enrollees already taking charge of their day-to-day health care by logging on to **www.myhealth.va.gov**. My HealtheVet is about My Health, My Care: 24/7 Online Access to VA Health Care and Services. Take charge of your VA health care and log on today: **www.myhealth.va.gov**.

Eligibility and Medical Program Benefits

Current estimates of the projected growth of women Veterans predict there will be 1.9 million by 2020, up from 1.1 million in 1980.

Basic Eligibility

If you served in the active military, naval or air service and are separated under any condition other than dishonorable, you may qualify for VA health care benefits. Current and former members of the Reserves or National Guard who were called to active duty (other than for training only) by a federal order and completed the full period for which they were called or ordered to active duty may be eligible for VA health care as well.

Minimum Duty Requirements

Most Veterans who enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to Veterans who were discharged for a disability incurred or aggravated in the line of duty, for a hardship or "early out." Since there are a number of other exceptions to the minimum duty requirements, VA encourages all Veterans to apply so that we may determine their enrollment eligibility.

Women Veterans Eligibility

Current estimates of the projected growth of women Veterans predict there will be 1.9 million by 2020, up from 1.1 million in 1980. Thus, women will continue to make up a larger share of the Veteran

Frequently Asked Questions

Why does VA restrict enrollment of high income Veterans assigned to Priority Group 8e or 8g?

When the demand for services exceeds our ability to provide quality and timely health care, the Secretary of the Department of Veterans Affairs must make decisions to ensure that the level of services for enrolled Veterans is not compromised. Those decisions may include suspending enrollment of Veterans in lower-priority groups (such as VA's decision to restrict higher-income Veterans who apply for care after January 16, 2003, and fall into Priority Groups 8e or 8g) or, in more drastic times, may include disenrolling lower-priority group Veterans from the enrollment system.

How can I verify my enrollment?

If you are uncertain of your enrollment status, check with the Enrollment Coordinator at your local VA health care facility. For a current telephone list of VA facilities, visit **www.va.gov/directory**, or you may call the VA Health Benefits Service Center at 1-877-222-VETS (8387) to get the facility's telephone number.

population, add to its diversity, and require Veteran services geared to their specific needs.

Women Veterans may receive the full spectrum medical benefits package. They also receive the full continuum of comprehensive medical services, including health promotion and disease prevention, primary care, women's gender-specific health care, for example, hormone replacement therapy, breast and gynecological care, limited maternity and infertility (excluding in-vitro fertilization), acute medical/surgical, emergency and substance abuse treatment, mental health, domiciliary, rehabilitation and long-term care.

Readjustment Counseling Services

VA provides readjustment counseling and outreach services to all Veterans who served in any combat zone, through community based counseling centers called Vet Centers. Services are also available for their family members for military related issues. Veterans have earned these benefits through their service and all are provided at no cost to the Veteran or family. The Vet Centers are staffed by small multidisciplinary teams of dedicated personnel, many of whom are combat Veterans themselves. Vet Center staff are available toll free during normal business hours at 1-800-905-4675 (Eastern) and 1-866-496-8838 (Pacific). For information online, visit **www.vetcenter.va.gov.**

VA provides readjustment counseling and outreach services to all Veterans who served in any combat zone...

Suicide Prevention Lifeline

1-800-273-TALK (8255) Veterans Press 1

The **National Suicide Prevention Lifeline** is a 24-hour, seven days a week, toll-free suicide prevention service available to anyone in suicidal crisis. If you need help, please dial **1-800-273-TALK (8255)**. You will be routed to the closest possible crisis center in your area. With more than 130 crisis centers across the country, our mission is to provide immediate assistance to anyone seeking mental health services. Call for yourself, or someone you care about. Your call is free and confidential.

Why should I call the Lifeline?

From immediate suicidal crisis to information about mental health, crisis centers in our network are equipped to take a wide range of calls. Some of the reasons to call 1-800-273-TALK are listed below.

- Call to speak with someone who cares
- Call if you feel you might be in danger of hurting yourself
- Call to find referrals to mental health services in your area
- Call to speak to a crisis worker about someone you're concerned about

Medically Related Travel Benefits

Veterans may qualify for travel payments if they fall into one of the following categories:

- Have a service-connected disability rating of 30 percent or more
- Are traveling for treatment of a service-connected condition
- Receive a VA pension
- Are traveling for a scheduled compensation or pension examination
- Does not have income that exceeds the maximum annual VA pension rate
- Veterans meeting the above conditions may also be provided special mode travel (e.g., wheelchair van, ambulance) based on a clinical determination of need (authorization is not required for emergencies if a delay would endanger their life or health).

Mileage Rates and Deductibles

General Travel
Mileage rates are $0.415 (41.5 cents) per mile.
Scheduled and Unscheduled Appointments/Visits
Scheduled appointments qualify for round-trip mileage.
Unscheduled visits may be limited to return mileage only.
Deductibles
Deductible is $3.00 one way ($6.00 round trip).
Deductible requirement is subject to a monthly cap of $18.00.
Upon reaching $18.00 in deductibles or 6 one-way (3-round) trips, whichever comes first, travel payments made for the balance of that particular month will be free of deductible charges.

Waiver of Travel Deductible

A waiver of the deductible will be provided if the Veteran is eligible for travel and:
They are in receipt of a VA pension.
They are a nonservice-connected Veteran and their previous year's income does not exceed, or their projected current calendar year's income will not exceed the applicable VA pension rate.
They are a service-connected Veteran and their previous year's income does not exceed, or their projected current calendar year's income will not exceed the applicable national means test income threshold.
They are traveling for a scheduled compensation and pension exam.

VA Health Care Enrollment

Even before your enrollment is confirmed, you may request an appointment for medical care.

Veterans can apply for enrollment in the VA health care system by completing VA Form 10-10EZ, APPLICATION FOR HEALTH BENEFITS. The application form can be obtained by visiting, calling or writing any VA health care facility or Veterans' benefits office. Forms can also be requested toll-free from VA's Health Benefits Service Center at 1-877-222-VETS (8387) or accessed from our Web site at **www.va.gov/1010ez.htm**. In addition, many military treatment facilities have VA representatives on staff who can also help you with this request.

Completed applications must be signed and dated and may be submitted in person or by mail to any VA health care facility. If you apply in person at a VA health care facility, VA staff will do a preliminary assessment of your priority group.

You may request an appointment at the time you apply in person, or if completing an application online or mailing your application, by checking "yes" to the question asking if you want an appointment with a VA doctor or provider as soon as one becomes available. After your application is processed, the VA Health Eligibility Center in Atlanta will notify you via mail of your enrollment status and priority group assignment. If you requested an appointment, your preferred facility will schedule an appointment for you and notify you of the appointment by mail. If you need health care before your scheduled appointment, you may contact the Enrollment Coordinator at your local VA medical facility. Emergent health care is also available to you (for more information, go to page 20, Covered Services FAQ for emergency care).

NEW for 2009: Priority Group 8 Enrollment Relaxation

In 2003, VA made the difficult decision to stop enrolling new Priority Group 8 (high-income) Veterans in order to ensure all Veterans already enrolled are provided timely and quality medical care. New regulations have been proposed that would allow Priority Group 8 Veterans to be enrolled in the VA health care system if their household income does not exceed the current VA income thresholds (**www.va.gov/healtheligibility/library/pubs/vaincomethresholds/vaincomethresholds.pdf**) (means test threshold and/or geographical means test threshold) by more than 10%. VA anticipates the new regulations will take effect in June 2009.

Veterans who have applied for enrollment on or after January 1, 2009, and were denied enrollment because their income exceeded the VA income threshold will be automatically reassessed to determine their enrollment eligibility, once the new regulation takes effect. There is no need to submit another application for enrollment. Veterans eligible under this new rule will receive a letter welcoming them to the VA health care system. Included with the letter

will be instructions for getting care and information on how to obtain a Veterans Identification Card (**www.va.gov/healtheligibility/application/vic.asp**).

Veterans who applied for enrollment before January 1, 2009, and were denied enrollment because their income was too high are encouraged to take advantage of an online calculator (**www.va.gov/healtheligibility/apps/enrollmentcalculator**) to self-assess how they stand against VA's updated income thresholds.

After the regulation is implemented, Veterans applying for enrollment who have an income greater than the applicable income thresholds by 10% or less who do not qualify for enrollment in a higher priority group will be enrolled in Priority Group 8b or 8d. These Veterans will be eligible to receive VA's medical benefits package.

Enrollment Restriction

Although the proposed new regulation described above will allow certain high-income Veterans to be enrolled in the VA health care system, the previous Enrollment Restriction, effective January 17, 2003, VA suspended NEW enrollment of Veterans assigned to Priority Groups 8e and 8g (VA's lowest priority group consisting of higher income Veterans). However, VA encourages Veterans in these priority groups to reapply for enrollment. They may now qualify if their current household income exceeds the applicable income thresholds by 10% or less, under the proposed new regulation. Veterans are assigned to Priority Groups 8e and 8g based on the following:

- The Veteran does not have any special qualifying eligibility, such as a compensable service-connected disability
- The Veteran's household income exceeds the current year VA income threshold and the geographic income threshold for the Veteran's residence
- New Veterans who decline to provide their financial information

Veterans enrolled in Priority Groups 8a and 8c **on or before** January 16, 2003, will remain enrolled and continue to be eligible for the full-range of VA health care benefits.

The National Defense Authorization Act (NDAA) of Fiscal Year 2008, (Public Law 110-181), was signed into law January 28, 2008.

Recently Discharged Combat Veterans

The National Defense Authorization Act (NDAA) of Fiscal Year 2008 (Public Law 110-181), was signed into law January 28, 2008. It extended the period of enhanced enrollment and health care benefits provided a Veteran who served in a theater of combat operations after November 11, 1998.

These combat Veterans are eligible for enrollment in Priority Group 6, unless eligible for a higher Priority Group, and are not charged copays for medications and/or treatment of conditions that are potentially related to their combat service. Veterans who enroll with VA under this enhanced authority will continue to be enrolled even after their enhanced eligibility period ends, although they may be shifted to Priority Group 7 or 8, depending on their income level, and requirement to make applicable copays.

- New enrollees discharged from active duty on or after January 28, 2008, are eligible for this enhanced enrollment health benefit for five years after the date of their most recent discharge from active duty.
- Combat Veterans who have not yet enrolled and were discharged from active duty between November 11, 1998, and January 27, 2003, may apply for this enhanced enrollment opportunity through January 27, 2011.

Changes in VA's available resources may affect the number of priority groups VA can enroll in a given year. If that occurs, VA will publicize the enrollment changes and notify affected enrollees.

Financial Assessment (Means Testing)

While many Veterans qualify for enrollment and cost-free health care services based on a compensable service-connected condition or other qualifying factor, most Veterans will be asked to complete a financial assessment as part of their

enrollment application process. Otherwise known as the Means Test, this financial information may be used to determine the applicant's enrollment priority group (see Enrollment Priority Groups section) and whether he/she is eligible for cost-free VA health care. Higher-income Veterans may be required to share in the expense of their care by paying copays (Refer to the Copay section of this booklet on page 16).

Veterans may also submit a financial assessment to determine their eligibility for cost-free medications and travel benefits. Income threshold information can be found online at: **www.va.gov/healtheligibility/library/pubs/vaincomethresholds/vaincomethresholds.pdf**, or you may contact the Enrollment Coordinator at your local medical facility.

Due to VA's restricting enrollment of new Priority Groups 8e and 8g, Veterans applying on or after January 17, 2003, who do not have any other special eligibility qualifying factors and decline to provide financial information, will not be accepted for enrollment.

Geographically-Based Means Testing

Recognizing that the cost of living can vary significantly from one geographic area to another, Congress added income thresholds based on geographic locations to the existing VA national income thresholds for financial assessment purposes. This assists lower-income Veterans who live in high-cost areas by providing an enhanced enrollment priority and reducing the amount of their required inpatient copay.

Congress added income thresholds based on geographic locations to the existing VA national income thresholds for financial assessment purposes.

Geographically-based copay reductions apply ONLY to INPATIENT SERVICES. Outpatient services, long-term care, as well as medication copays are NOT affected by this provision.

Catastrophically Disabled

To be considered catastrophically disabled Veterans must have a severely disabling injury, disorder or disease that permanently compromises their ability to carry out the activities of daily living. The disability must be of such a degree that Veterans require personal or mechanical assistance to leave home or bed, or require constant supervision to avoid physical harm to themselves or others. Veterans may request an evaluation by contacting the Enrollment Coordinator at their local VA health care facility. VA will make every effort to schedule an evaluation within 35 days of the request. There is no charge for the Catastrophic Disability evaluation. If it is determined by a VA health care provider that a Veteran is catastrophically disabled, their priority will be upgraded to Priority Group 4. If, however, the Veteran was previously required to make copays, that requirement will continue until their financial situation qualifies them for cost-free services.

NOTE: A Veteran who may not be eligible for enrollment due to VA's current enrollment restriction will be afforded enrollment and placement into Priority Group 4 if found to be Catastrophically Disabled.

Income Verification

Veterans Health Administration's Income Verification (IV) program verifies earned and unearned total gross household income provided by non service-connected Veterans and Veterans rated noncompensable 0% service-connected by VA who are required to complete a financial assessment (means test).

The financial assessment is based on the Veteran's previous year gross household income and is used to determine their eligibility for VA health care benefits and in many cases, their priority group assignment. The income information provided by the Veteran is verified by matching with records from the Internal Revenue Service and the Social Security Administration.

If the IV process confirms the Veteran's household income exceeds the established VA national income (means test) threshold, the Veteran may be determined responsible for copays for health care provided since the date of completion of the initial financial assessment. In addition, if the Veteran enrolled on or after January 17, 2003, the Veteran's enrollment could become denied. As a result, the Veteran would no longer be eligible for VA health care of their non service-connected conditions. (For more information, refer to the Enrollment Restriction section on page 8 of this booklet.)

Financial Hardships

If a Veteran is unable to pay assessed copay charges, they should discuss the matter with the Revenue Office at the VA health care facility where they received their care.

You must contact the facility at which you received the care to request one of these options.

Four possible options for Veterans unable to pay assessed copay charges

Hardship Determination
If a Veteran's current year income is substantially reduced from the prior year. Future exemption from medical and hospital care copays for a determined period of time. (Must see Enrollment Coordinator for Hardship consideration.)
Waiver
If there has been a significant change in income or significant expenses for medical care for Veteran or other family members, funeral arrangements or Veteran educational expenses. Waiver is for past debts only.
Offer in Compromise
Offer for past debts only and acceptance of a partial payment in settlement and full satisfaction of debt.
Repayment Plans
Payment of past debt over a period of 12 months.

The VIC does not contain any sensitive, identifying information such as the Veteran's Social Security number or date of birth on the face of the card.

Veterans Identification Card

VA provides eligible Veterans a Veterans Identification Card (VIC) for use at VA health care facilities. This card provides quick access to VA health benefits, and VA recommends that all enrolled Veterans obtain a card.

Once the Veteran is enrolled, they may have their photo taken at their local VA health care facility. The card will be mailed to the Veteran's mailing address, usually within five to seven days. Veterans may call 877-222-VETS (8387) to check on the status of their card. In the event the card is lost or destroyed, a replacement card may be requested by contacting the VA where the picture was taken. NOTE: VICs cannot be used as a credit or an insurance card and it does not authorize or pay for care at non-VA facilities.

The VIC does not contain any sensitive, identifying information such as the Veteran's Social Security number or date of birth on the face of the card. However, that information is coded into the magnetic stripe and barcode. For that reason, VA recommends that Veterans safeguard their VIC as they would a credit card. The VIC now displays the following special eligibility indicators: Service Connected, Purple Heart Medal and Former POW.

Updating Your Information

VA Form 10-10EZR, Health Benefits Renewal Form, is for Veterans who are currently enrolled and need to update or report changes to their address, phone number, name, health insurance and financial information.

Veterans who are not charged copays for medications or health care and those who are charged a reduced inpatient copay should update and report their financial information to VA each year to prevent their status from lapsing. VA will remind Veterans when it is time to renew the information.

However, it is not necessary to wait for the annual renewal period to provide VA updated information. Veterans may update their information whenever their financial or personal information changes, by completing VA Form 10-10EZR and mailing it to their **local facility** for processing (you can find your local facility address online at **www.va.gov/directory**). Be sure to sign and date the form. If the form is not signed and dated properly, VA will return it to you for completion.

The 10-10EZR can be requested from VA's Health Benefits Service Center by calling toll-free 1-877-222-VETS (8387) or obtained on-line at **www.va.gov/vaforms/medical/pdf/vha-10-10ezr-fill.pdf.**

Private Health Insurance

Since VA health care depends primarily on annual congressional appropriations, VA encourages Veterans to retain any health care coverage they may already have—especially those in the lower enrollment priority groups described on pages 14 and 15, Enrollment Priority Groups. Veterans with private health insurance or with federally funded coverage through the Department of Defense (TRICARE), Medicare or Medicaid may choose to use these sources of coverage as a supplement to their VA benefits. It is important to note that VA health care is NOT considered a health insurance plan.

...VA encourages Veterans to retain any health care coverage they may already have...

By law, VA is obligated to bill health insurance carriers for services provided to treat a Veteran's non service-connected conditions.

To ensure that current insurance information is on file—including coverage through the Veteran's spouse—VA staff is required to ensure that Veterans' health insurance information is updated during each visit. Identification of insurance information is essential to VA because collections received from insurance companies help supplement the funding available to provide services to Veterans.

Veterans are asked to cooperate by disclosing all relevant health insurance information. Eligible Veterans are not responsible for payment of VA medical services billed to their health insurance company that are not paid by their insurance carrier.

CAUTION!

Before canceling insurance coverage, enrolled Veterans should carefully consider the risks.

There is no guarantee that in subsequent years Congress will appropriate sufficient funds for VA to provide care for all enrollment priority groups.

Non-Veteran spouses and other family members generally do not qualify for VA health care.

If participation in Medicare Part B is cancelled, it cannot be reinstated until January of the next year, and there may be a penalty for the reinstatement.

Insurance Collections

Since the start of insurance collections in 1986, Veterans' health care services have been supplemented by funds collected from private health insurance companies. This supplement has allowed VA to provide services to numerous additional Veterans.

Medicare Part D Prescription Drug Coverage/Creditable Coverage

If you are eligible for Medicare Part D prescription drug coverage, you need to know that enrollment in the VA health care system is considered **creditable coverage** for Medicare Part D purposes. This means that VA prescription drug coverage is at least as good as the Medicare Part D coverage. Since only Veterans may enroll in the VA health care system, dependents and family members do not receive credible coverage under the Veteran's enrollment.

However, there is one significant area in which VA health care is NOT creditable coverage: Medicare Part B (outpatient health care, including doctors' fees). Creditable coverage for Medicare Part B can only be provided through an **employer**. As a result, VA health care benefits to Veterans is not creditable coverage for the Part B program. So although a Veteran may avoid the late enrollment penalty for Medicare Part D by citing VA health care enrollment, that enrollment would not help the Veteran avoid the late enrollment penalty for Part B.

VA does not recommend that Veterans cancel or decline coverage in Medicare (or other health care or insurance programs) solely because

they are enrolled in VA health care. Unlike Medicare, which offers the same benefits for all enrollees, VA assigns enrollees to priority levels, based on a variety of eligibility factors, such as service-connection and income. There is no guarantee that in subsequent years Congress will appropriate sufficient medical care funds for VA to provide care for all enrollment priority groups. This could leave Veterans, especially those enrolled in one of the lower-priority groups, with no access to VA health care coverage. For this reason, having a secondary source of coverage may be in a Veteran's best interest.

In addition, a Veteran may want to consider the flexibility afforded by enrolling in both VA and Medicare. For example, Veterans enrolled in both programs would have access to non-VA physicians (under Medicare Part A or Part B) or may obtain prescription drugs that are not on the VA formulary if prescribed by non-VA physicians and filled at their local retail pharmacies (under Medicare Part D).

Additional information on Medicare Part D prescription drug coverage can be found online at **www.va.gov/healtheligibility/costs/medicared.asp** or the Health and Human Services Medicare website at **www.medicare.gov/**.

Frequently Asked Questions

...a Veteran may want to consider the flexibility afforded by enrolling in both VA and Medicare.

Must I reapply every year, and will I receive an enrollment confirmation?

Depending on your priority group and the availability of funds for VA to provide health benefits to all enrollees, your enrollment will be automatically renewed without any action on your part. Veterans who are exempted from paying medical care copays or who are eligible for a reduced inpatient copay are required to update their financial information and are still required to provide their income information on an annual basis or when their income changes, using VA Form 10-10EZR. Should there be any change to your enrollment status, you will be notified in writing.

Can I request an appointment before my enrollment is confirmed?

Yes. If you are applying in person at any VA medical center, you can request an appointment for medical care at the same time you apply for enrollment. Additionally, you can indicate on the VA Form 10-10EZ if you desire an appointment and when your application is processed at the medical center, an appointment will be scheduled for you. You will be notified in writing of the appointment and your eligibility for medical care. For Veterans 50% or more disabled from service-connected conditions and Veterans requesting care for a service-connected disability, those appointments have a higher priority (see Enrollment Priority Groups on page 14-15) and will be scheduled within 30 days of the desired date. Veterans may be seen at VA facilities for emergency care while pending verification.

What if I cannot keep an appointment?

VA asks that you help us provide timely service. If you cannot keep your appointment, please notify your facility as soon as possible so they can schedule another appointment for you, and use your cancelled appointment slot for another Veteran.

If enrolled, must I use VA as my exclusive health care provider?

There is no requirement that VA become your exclusive provider of care. If you are a Veteran who is receiving care from both a VA provider and a private community provider, it is important for your health and safety that your care from both providers be coordinated, resulting in one treatment plan (comanaged care). Please be aware that our authority to pay for non-VA care is extremely limited (see pages 20 and 21). You may, however, elect to use your private health insurance benefits as a supplement for your VA health care benefits.

I am moving to another state. How do I transfer my care to a new VA health care facility?

If you want to transfer your care from one VA health care facility to another, contact the Enrollment Office for assistance in transferring your records and establishing a new appointment.

How do I choose a preferred facility? How do I change my preferred facility?

When you enroll, you will be asked to choose a preferred VA facility. This will be the VA facility where you will receive your primary care. You may select any VA facility that is convenient for you. If the facility you choose cannot provide the health care that you need, VA will make other arrangements for your care, based on administrative eligibility and medical necessity. If you do not choose a preferred facility, VA will choose the facility that is closest to your home.

You may change your preferred facility at any time. Simply discuss this with your primary care doctor. Your primary care doctor will coordinate your request with the Veterans Service Center at your local health care facility and make the change for you.

What income is counted for the Financial Assessment (Means Test) & is family size considered?

VA considers your previous calendar year's gross household income and net worth. This includes the earned and unearned income and net worth of your spouse and dependent(s). Earned income is usually wages you receive from working. Unearned income can be interest earned, dividends received, money from retirement funds, Social Security payments, annuities or earnings from other assets. The number of persons in your family will be factored into the calculation to determine the applicable income threshold—both the VA national income threshold and the income threshold for your geographic region.

What is a geographic threshold?

By law, VA is required to identify Veterans who are required to defray the cost of medical care. Those Veterans whose income falls between the VA means test limits and the geographic threshold for the Veteran's locale will have their inpatient medical care copays reduced by 80%. Higher-income Veterans may be responsible to pay the full inpatient copays.

For those Veterans who have more than one residence, which address is used for means testing under the geographically-based income thresholds?

The address used to determine your geographically-based income threshold is your permanent address and typically is the location where you declare residency for voting and tax purposes. To view geographic income thresholds, visit **www.va.gov/healtheligibility/library/pubs/gmtincomethresholds.**

How frequently are the income thresholds updated?

Income thresholds, used for the Financial Assessment as well as for geographic adjustments for high cost-of-living areas, are updated annually. To view the current income thresholds, visit **www.va.gov/healtheligibility/library/pubs/vaincomethresholds.**

Does Income Verification have access to my income tax return?

No, VA does not have access to your tax return. The Internal Revenue Service (IRS) and the Social Security Administration (SSA) share earned and unearned income data reported by employers and financial institutions.

As a combat Veteran, will I be required to provide financial information and be billed?

Combat Veterans are not required to provide their financial information to determine their enrollment priority. However, they are encouraged to complete a financial assessment to determine if they are responsible for copays for care or medications unrelated to their combat service.

If I decline to provide income and agree to make copays, will you still verify my income?

No, if you have agreed to make copays for care, you are not required to provide your income information, and we will not make any further attempts to verify your income for that year.

What happens if the matching process reveals that my income is higher than the threshold?

You will be provided an opportunity to review the IRS and SSA data and provide proof if that information is incorrect. If you do not provide this proof, you will be charged copays for health care and prescriptions you were provided for treatment of your non service-connected conditions.

What happens if at the end of the process my income is verified to be higher than the income thresholds?

Your copay status will be changed from copay exempt to copay required. VA facilities involved in your care will be notified of your change in status and to initiate billing for services provided during that income year. Your enrollment priority status may be changed if your financial status is adjusted by the income verification (IV) process.

What if I receive a bill and cannot pay?

If you are unable to pay your bill, you should discuss the matter with the Revenue Office at the VA health care facility where you received your care. There are four possible options that may be available to you:

Hardship Determination–If a Veteran's current year income is substantially reduced from the prior year. Future exemption from medical and hospital care copays for a determined period of time. (Must see Enrollment Coordinator for Hardship consideration.)

Waiver–If there has been a significant change in income or significant expenses for medical care for the Veteran or other family members, funeral arrangements or Veteran educational expenses. Waiver is for past debts only.

Offer in Compromise–Offer for past debts only and acceptance of a partial payment in settlement and full satisfaction of debt.

Repayment Plans–Payment of past debt generally over a period of 12 months.

You must contact the facility at which you received the care to request one of these options.

VA Health Care Enrollment Priority Groups

Upon receipt of a completed application, the Veteran's eligibility will be verified. Based on his/her specific eligibility status, he/she will be assigned to one of the following priority groups. The priority groups range from 1 through 8 with Priority Group 1 being the highest priority and Priority Group 8 the lowest.

Priority Group 1

Veterans with service-connected disabilities rated 50% or more disabling

Veterans determined by VA to be unemployable due to VA service-connected conditions

Priority Group 2

Veterans with VA service-connected disabilities rated 30% or 40% disabling

Priority Group 3

Veterans who are former POWs

Veterans awarded the Purple Heart Medal

Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty

Veterans with VA service-connected disabilities rated 10% or 20% disabling

Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"

Priority Group 4

Veterans who are receiving VA aid and attendance or housebound benefits

Veterans who have been determined by VA to be catastrophically disabled

Priority Group 5

Non service-connected Veterans and noncompensable service-connected Veterans rated 0% disabled whose annual income and net worth are below the established VA Means Test thresholds

Veterans receiving VA pension benefits

Veterans eligible for Medicaid benefits

Priority Group 6

World War I Veterans

Compensable 0% service-connected Veterans

Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki

Project 112/SHAD participants

Veterans who served in a theater of combat operations after November 11, 1998, as follows:

- Veterans discharged from active duty on or after January 28, 2003, who were enrolled as of January 28, 2008, and Veterans who apply for enrollment after January 28, 2008, for five years post discharge
- Veterans discharged from active duty before January 28, 2003, who apply for enrollment after January 28, 2008, until January 27, 2011

Priority Group 7

Veterans with income and/or net worth ABOVE the VA national income threshold and income BELOW the geographic income threshold who agree to pay copays

Priority Group 8

Veterans with income and/or net worth ABOVE the VA national income threshold and the geographic income threshold who agree to pay copays

- Subpriority a: Noncompensable 0% service-connected Veterans enrolled as of January 16, 2003, and who have remained enrolled since that date
- Subpriority c: Non service-connected Veterans enrolled as of January 16, 2003, and who have remained enrolled since that date
- Subpriority e: Noncompensable 0% service-connected Veterans applying for enrollment after January 16, 2003
- Subpriority g: Non service-connected Veterans applying for enrollment after January 16, 2003

Frequently Asked Questions

What is a VA service-connected rating, and how do I establish one?

A service-connected rating is an official ruling by VA Regional Office that your illness or condition is directly related to your active military service. VA Regional Offices are also responsible for administering educational benefits, vocational rehabilitation and other benefit programs, including home loans. To obtain more information or to apply for any of these benefits, contact your nearest VA Regional Office at 1-800-827-1000 or visit us online at **www.va.gov**.

Who does VA consider to be "catastrophically" disabled?

A Veteran who has a permanent, severely disabling injury, disorder or disease that compromises the ability to carry out the activities of daily living to such a degree that he/she requires personal or mechanical assistance to leave home or bed or requires constant supervision to avoid physical harm to self or others (see Catastrophically Disabled on page 9).

Priority Group 8 has subpriority groups a, c, e, and g. Are there subpriority groups b and d?

There is a proposed change in regulations to allow VA to enroll certain Priority Group 8 Veterans. A 0% service-connected, non-compensable Veteran who applies for enrollment after the effective date of the new provision (expected in June 2009), and whose income exceeds the applicable income threshold by 10% or less will be placed in Priority Group 8b; or non service-connected Veterans without special eligibility will be enrolled in Priority Group 8d.

Copays

While many Veterans qualify for cost-free health care services based on a compensable service-connected condition or other qualifying factor, most Veterans are asked to complete an annual financial assessment, to determine if they qualify for cost-free services. Veterans whose income and/or income plus net worth exceed the established income threshold as well as those who choose not to complete the financial assessment must agree to pay required copays to become eligible for VA health care services.

Types of Copays

Outpatient Copays*—based on the highest of two levels of service on any individual day.

Primary Care Services Services provided by a primary care clinician (lower level of service)
Specialty Care Services–Services provided by a clinical specialist such as:
surgeon
radiologist
audiologist
optometrist
cardiologist
and specialty tests such as:
magnetic resonance imagery (MRI)
computerized axial tomography (CAT) scan
nuclear medicine studies (highest level of service)

**There is no copay requirement for preventive care services such as screenings or immunizations.*

Inpatient Copays—in addition to a standard copay charge for each 90 days of care within a 365-day period regardless of the level of service (such as intensive care, surgical care or general medical care), a per diem (daily) charge will be assessed for each day of hospitalization.

Long-Term Care Copays*—based on three levels of care (see Long-Term Care Benefits on page 22 for definitions).

Nursing Home Care/Inpatient Respite Care/Geriatric Evaluation
Adult Day Health Care/Outpatient Geriatric Evaluation/Outpatient Respite Care
Domiciliary Care

**Copays for Long-Term Care services start on the 22nd day of care during any 12-month period—there is no copay requirement for the first 21 days. Actual copay charges will vary from Veteran to Veteran depending on financial information submitted on VA Form 10-10EC.*

NOTE: There are no copays for hospice care provided in any setting.

Medication Copays*—applicable to each prescription, including each 30-day supply or less of maintenance medications.

**Includes an annual cap for enrollment priority groups 2 through 6.*

Annual Changes to Copay Rates

Because the copay rates may change annually—including the annual cap on medication copays—they are published separately. Current year rates can be obtained at any VA health care facility or on the eligibility page on our Web site **www.va.gov/healtheligibility/costs**.

Which Veterans Are Not Required to Make Copays?

Many Veterans qualify for cost-free health care and/or medications based on

- Receiving a Purple Heart Medal, or
- Former Prisoner of War Status, or
- Compensable VA service-connected disabilities, or
- Low income, or
- Other qualifying factors, including treatment related to their military service experience.

Some of the Services Exempt from Inpatient and Outpatient Copays

- Special registry examinations offered by VA to evaluate possible health risks associated with military service
- Counseling and care for military sexual trauma
- Compensation and pension examination requested by the Veterans Benefits Administration (VBA). This is a physical exam to determine service-related illness or injuries for determination of a Veteran's entitlement to compensation and pension benefits.
- Care that is part of a VA-approved research project
- Care related to a VA-rated service-connected disability
- Readjustment counseling and related mental health services
- Care for cancer of head or neck caused by nose or throat radium treatments received while in the military
- Individual or Group Smoking Cessation or Weight Reduction services
- Publicly announced VA public health initiatives, for example, health fairs
- Care potentially related to combat service for Veterans that served in a theater of combat operations after November 11, 1998. This benefit is effective for 5 years after the date of Veteran's most recent discharge from active duty.
- Laboratory and electrocardiograms
- Hospice care

Frequently Asked Questions

I am a recently discharged combat Veteran. Must I pay VA copays?

If the services are provided for the treatment of a condition that may be potentially related to your military service in a theater of combat operations, you will not be charged any copays. Currently enrolled combat Veterans have an enhanced enrollment health benefit period of five years from their most recent discharge. New enrollees discharged from active duty on or after January 28, 2008, are eligible for this enhanced enrollment health benefit for five years after the date of their most recent discharge from active duty. Combat Veterans who never enrolled and were discharged from active duty between November 11, 1998, and January 27, 2003, may apply for this enhanced enrollment opportunity through January 27, 2011.

Veterans who qualify under this special eligibility are not subject to copays for conditions potentially related to their combat service. However, unless otherwise exempted, combat Veterans must either disclose their prior year gross household income OR decline to provide their financial information and agree to make applicable copays for care or services VA determines are clearly unrelated to their military service.

How many copay charges may be assessed during a single day?

For outpatient services, Veterans may be charged no more than one copay per day, regardless of the number of health care providers seen in a single day. The amount of the outpatient copay will be based on the highest level of service you received that day. For example, if the Veteran has a specialty care visit and a primary care visit on the same day, the Veteran will be charged only for the specialty care visit because it is a higher level of care. The number of medication copays charged depends on the number of each 30-day supply or less of medication filled. Inpatient copays are based on both a standard charge for each 90 days of care within a 365-day period as well as a per diem (daily) charge. Together, the inpatient copay charges cover all services, including medications. With the exception of medication copays for outpatients, long-term care copays are a single, all-inclusive charge.

Who qualifies for the annual cap on medication copays?

The annual cap on medication copays applies to Veterans in Priority Groups 2 through 6 (Priority Group 1 is exempt from ALL copays). Because of their higher income, Veterans in Priority Groups 7 and 8 do NOT qualify for the medication copay annual cap. For those that qualify, once the annual limit is reached, all subsequent prescriptions filled during the calendar year will be free of the copay requirement.

What are the current copay rates for VA medical services in 2009?

Outpatient Copays		
Primary Care Services–services provided by a primary care clinician–$15		
Specialty Care Services–services provided by a clinical specialist–$50		
Inpatient Copays		
Full Inpatient Copay Rate–Priority Group 8 and certain other Veterans are responsible for VA's inpatient copay of $1,068 for the first 90 days of care during any 365-day period. For each additional 90 days, this charge is $534. In addition, there is a $10 per diem charge.		
Geographic Means Test (GMT) Reduced Inpatient Copay Rate–Priority Group 7 are responsible for paying 20 percent of VA's inpatient copay or $213.60 for the first 90 days on inpatient hospital care during any 365-day period. For each additional 90 days, this charge is $106.80. In addition, there is a $2 per diem charge.		
Medication Copays		
There is an $8 copay for each 30-day or less supply of medication provided on an outpatient basis for treatment of a nonservice-connected condition.		
Long Term Care Copays		
Long term care copay are based on three levels of care	Inpatient:	$97 per day (Nursing Home, Respite, Geriatric Evaluation)
	Outpatient:	$15 per day (Adult Day Health Care, Respite, Geriatric Evaluation)
	Domiciliary:	$5 per day

What is the copay for a 90-day supply of medication?

Even though a prescription may be written for 90 days, each 30-day or less supply is subject to that year's applicable medication copay rate. A 90-day supply would cost three times the medication copay rate.

Covered Services/Acute Care Benefits

VA provides a robust Medical Benefits Package of health services that is available to all enrolled Veterans

Standard Benefits

Preventive Care Services

- Immunizations
- Physical Examinations (including eye and hearing examinations)
- Health Care Assessments
- Screening Tests
- Health Education Programs

Ambulatory (Outpatient) Diagnostic and Treatment Services

- Medical
- Surgical (including reconstructive/plastic surgery as a result of disease or trauma)
- Mental Health
- Substance Abuse

Hospital (Inpatient) Diagnostic and Treatment Services

- Medical
- Surgical (including reconstructive/plastic surgery as a result of disease or trauma)
- Mental Health
- Substance Abuse

Prescription Drugs (when prescribed by a VA physician)

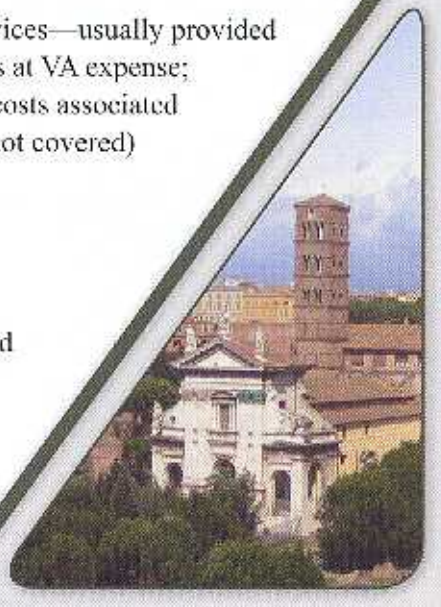
Limited Benefits

The following care services (partial listing) have limitations and may have special eligibility criteria:

- Ambulance Services
- Dental Care
- Durable Medical Equipment
- Eyeglasses
- Hearing Aids
- Home Health Care
- Maternity and Parturition Services—usually provided in non-VA contracted hospitals at VA expense; care is limited to the mother (costs associated with the care of newborn are not covered)
- Non-VA Health Care Services

General Exclusions (partial listing)

- Abortions and abortion counseling
- Cosmetic surgery, except where determined by VA to be medically necessary for reconstructive or psychiatric care
- Gender alteration
- Health club or spa membership, even for rehabilitation
- In-vitro fertilization
- Drugs, biological and medical devices not approved by the Food and Drug Administration, unless part of formal clinical trial under an approved research program or when prescribed under a compassionate use exemption
- Medical care for a Veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to provide the care or services
- Services not ordered and provided by licensed/accredited professional staff
- Special private duty nursing



Maternity and Parturition Services—usually provided in non-VA contracted hospitals at VA expense; care is limited to the mother...

VA Foreign Medical Program (FMP)

A health care benefits program for U.S. Veterans with VA-rated service-connected conditions who are living or traveling abroad. Foreign benefits are administered by two separate offices, depending on where the health care services are obtained.

Veterans in the Philippines

Address
VA Outpatient Clinic (358/00) 2201 Roxas Blvd. Pasay City 1300 Republic of the Philippines
E-mail
manlopc.inqry@vba.va.gov
Fax
011-632-838-4566

All other countries

Address
Foreign Medical Program PO Box 469061 Denver CO 80246-9061
Telephone
303-331-7590
Fax
303-331-7803
To contact FMP online
www.va.gov/hac/contact (see Foreign Medical Program)
Web site
www.va.gov/hac

Frequently Asked Questions

Hearing aids and eyeglasses are listed as "limited" benefits. Under what circumstances do I qualify?

VA medical services include diagnostic audiology and diagnostic and preventive eye care services. VA will provide hearing aids and eyeglasses to Veterans who receive increased pension based on the need for regular aid and attendance or being permanently housebound, receive compensation for a service-connected disability or are former POWs. Otherwise, hearing aids and eyeglasses are provided only in special circumstances, and not for normally occurring hearing or vision loss. For additional information, contact the prosthetic representative of your local VA health care facility.

Am I eligible for dental care?

Veterans are eligible for dental services if:

- Their dental care is for a compensable service-connected condition.
- They have a dental condition resulting from service-connected trauma.
- They have a service-connected rating of 100% or are determined to be unemployable.
- They are former POWs.
- They are participants in a VA vocational rehabilitation program.
- They are enrolled homeless Veterans participating in specific health care programs.
- Their dental condition is aggravating a medical problem under VA treatment.

In addition, recently discharged Veterans who served on active duty 90 days or more and who apply for VA dental care within 180 days of separation from active duty may receive a one-time treatment for dental conditions, if the dental condition is shown to have existed at the time of discharge or release and the Veteran's certificate of discharge does not indicate that the Veteran received necessary dental care within a 90-day period prior to discharge or release. This includes Veterans who reentered active military, naval or air service within 90 days after the date of a prior discharge and Veterans whose disqualifying discharge or release has been corrected by competent authority.

Note: Veterans awarded a temporary total disability rating by the Veterans Benefits Administration are not eligible for comprehensive outpatient dental services.

Am I limited to a specific number of inpatient days or outpatient visits during a given period of time?

For acute care services (inpatient days of care and outpatient visits) there are no limits.

Do I qualify for routine health care at non-VA facilities at VA expense?

To qualify for routine care at non-VA facilities at VA expense (otherwise known as Fee Basis care), you must first be given written referral. Included among the factors in determining whether such care will be authorized is your medical condition and availability of VA services within your geographic area. VA copay may be applicable.

Am I eligible for emergency care at a non-VA facility?

An eligible Veteran may receive emergency care at a non-VA health care facility at VA expense when a VA facility or other Federal health care facility with which VA has an agreement is unable to furnish economical care due to the Veteran's geographical inaccessibility to a VA medical facility, or when VA is unable to furnish the needed emergency services.

An emergency is defined as a condition of such a nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health. VA may directly refer or authorize the Veteran to receive emergency care at a non-VA facility at VA expense, or VA may pay for emergency care furnished certain Veterans by a non-VA facility without prior VA approval under certain conditions.

Are there any payment limitations for non-VA emergency care?

Emergency care must be pre-authorized by VA. When the emergency care is not authorized in advance by VA, it may be considered as preauthorized care when the nearest VA medical facility is notified within 72 hours of admission, the Veteran is eligible, and the care rendered is emergent in nature. Claims for non-VA emergency care not authorized by VA in advance of services being furnished must be timely filed; because timely filing requirements differ by type of claim, you should contact the nearest VA medical facility as soon as possible to avoid payment denial for an untimely filed claim.

Payment may not be approved for any period beyond the date on which the medical emergency ended, except when VA cannot accommodate transfer of the Veteran to a VA or other Federal facility. An emergency is deemed to have ended at that point when a VA physician has determined that, based on sound medical judgment, a Veteran who received emergency hospital care could have been transferred from the non-VA facility to a VA medical center for continuation of treatment.

What type of emergency care can VA authorize in advance?

Subject to eligibility and payment limitations described above, VA may preauthorize and issue payment for non-VA emergency care when treatment is needed for:	Inpatient Care	Outpatient Care
The Veteran's VA rated service-connected disability, or for a nonservice-condition that is associated with and aggravating the Veteran's service-connected condition	√	√
A disability for which the Veteran was released from active duty	√	√
Any condition of a Veteran who is rated by VA as Permanently and Totally disabled due to a service connected disability	√	√
Any condition of a Veteran who is an active participant in the VA Chapter 31 Vocational Rehabilitation program, who needs treatment medically determined to make possible the Veteran's entrance into a course of training, or prevent interruption of a course of training which was interupted due to such illness, injury, or dental condition.	√	√
Any condition for a Veteran who has a VA service-connected disability rating of 50% or greater		√
A condition for which the Veteran has been furnished VA hospital care, nursing home, domiciliary care, or medical services and who requires medical services to complete treatment incident to such care or services		√
Any condition of a Veteran who is in reciept of increased VA pension, or additional VA compensation or allowances based on the need for regular aid and attendance or by reason of being permanently housebound		√
Any condition for a Veteran of World War I.		√
A condition requiring emergency care that developed while the Veteran was receiving medical services in a VA facility or Contract Nursing Home or during VA authorized travel	√	√
Any condition that will obviate the need for hospital admission for a Veteran in the state of Alaska or Hawaii and US Territories, excluding Puerto Rico		√
Any condition for women Veterans.	√	
Any dental services & treatment, & related dental appliances, for Veterans who are former prisoners of war		√

Can VA pay for non-VA emergency care that is not preauthorized?

VA has limited payment authority when emergency care at a non-VA facility is provided without authorization by VA in advance of services being furnished or notification to VA is not made within 72 hours of admission. VA may pay for unauthorized emergency care as indicated below. Since payment may be limited to the point your condition is stable for transportation to a VA facility, the nearest VA medical facility should be contacted as soon as possible for all care not authorized by VA in advance of the services being furnished.

For service-connected Veterans	For nonservice-connected conditions
VA may only pay for emergency care provided in a non-VA facility for certain Veterans who are rated by VA with a service-connected disability. VA may pay for emergency inpatient or outpatient care when treatment is needed for:	VA may only pay for emergency care provided in a non-VA facility for treatment of a nonservice-connected condition only if **all** of the following conditions are met:
The Veteran's VA rated service connected disability, or for a nonservice-condition that is associated with and aggravating the Veteran's service-connected condition	The episode of care cannot be paid as an unauthorized claim for service-connected Veterans
A disability for which the Veteran was released from active duty	The Veteran is enrolled in the VHA health care system and received VA medical care within a 24 month period preceding the furnishing of the emergency treatment
Any condition of a Veteran who is rated by VA as Permanently and Totally disabled due to a service connected disability	The Veteran is personally liable to the health care provider for the emergency treatment
Any condition of a Veteran who is an active participant in the VA Chapter 31 Vocational Rehabilitation program, who needs treatment medically determined to make possible the Veteran's entrance into a course of training, or prevent interruption of a course of training which was interupted due to such illness, injury, or dental condition	The Veteran is not entitled to care or services under a health plan contract
	The Veteran has no other contractual or legal recourse against a third party that would, in whole or in part, extinuish the Veteran's liability

Does VA offer compensation for travel expenses to and from a VA facility?

If you meet specific criteria (see Medically Related Travel Benefits on page 6), you are eligible for travel benefits. Travel benefits are subject to a deductible. Exceptions to the deductible requirement are: 1) travel for a compensation and pension examination; and 2) travel by an ambulance or a specially equipped van. Because travel benefits are subject to annual mileage rate and deductible changes, we publish a separate document detailing these amounts each year. You can obtain a copy at any VA health care facility.

Long-Term Care Benefits

Standard Benefits

The following long-term care services are available to all enrolled Veterans.

Geriatric Evaluation

Geriatric evaluation is the comprehensive assessment of a Veteran's ability to care for him/herself, his/her physical health and social environment, which leads to a plan of care. The plan could include treatment, rehabilitation, health promotion and social services. These evaluations are performed by inpatient Geriatric Evaluation and Management (GEM) Units, GEM clinics, geriatric primary care clinics and other outpatient settings.

Adult Day Health Care

The adult day health care (ADHC) program is a therapeutic day care program, providing medical and rehabilitation services to disabled Veterans in a combined setting.

Respite Care

Respite care provides supportive care to Veterans on a short-term basis to give the caregiver a planned period of relief from the physical and emotional demands associated with providing care. Respite care can be provided in the home or other non institutional settings.

Home Care

Skilled home care is provided by VA and contract agencies to Veterans that are homebound with chronic diseases and includes nursing, physical/occupational therapy and social services.

Hospice/Palliative Care

Hospice/palliative care programs offer pain management, symptom control, and other medical services to terminally ill Veterans or Veterans in the late stages of the chronic disease process. Services also include respite care as well as bereavement counseling to family members.

NOTE: There are no copays for hospice care provided in any setting.

For those Veterans who do not qualify for cost-free services, the financial assessment for long term care services is used to determine the copay requirement.

Financial Assessment for Long-Term Care Services

For Veterans who are not automatically exempt from making copays for long-term care services (see Copays on page 16), a separate financial assessment (VA Form 10-10EC, APPLICATION FOR EXTENDED CARE SERVICES) must be completed to determine whether they qualify for cost-free services or to what extent they are required to make long-term care copays. Unlike copays for other VA health care services, which are based on fixed charges for all, long-term care, copay charges are individually adjusted based on each Veteran's financial status.

Limited Benefits

VA Nursing Home Programs

While some Veterans qualify for indefinite Community Living Center (formerly known as nursing home care) services, other Veterans may qualify for a limited period of time. Among those that automatically qualify for indefinite community living care are Veterans whose service-connected condition is clinically determined to require nursing home care and Veterans with a service-connected rating of 70% or more. Other Veterans may be provided short-term community living care, if space and resources are available.

Domiciliary Care

Domiciliary care provides rehabilitative and long-term, health maintenance care for Veterans who require some medical

care, but who do not require all the services provided in nursing homes. Domiciliary care emphasizes rehabilitation and return to the community. VA may provide domiciliary care to Veterans whose annual income does not exceed the maximum annual rate of VA pension or to Veterans who have no adequate means of support.

Frequently Asked Questions

I already provided financial information on my initial VA application, why is it necessary to complete a separate financial assessment for long-term care?

Unlike the information collected from the financial assessment, which is based on your previous year's income, the 10-10EC is designed to assess your current financial status, including current expenses. This in-depth analysis provides the necessary monthly income/expense information to determine whether you qualify for cost-free long-term care or a significant reduction from the maximum copay charge.

Once I submit a completed VA Form 10-10EC, who notifies me of my long-term care copay requirements?

The social worker or case manager involved in your long-term care placement will provide you with an annual projection of your monthly copay charges.

Assuming I qualify for nursing home care, how is it determined whether the care will be provided in a VA facility or a private nursing home at VA expense?

Generally, if you qualify for indefinite nursing home care, that care will be furnished in a VA facility. Care may be provided in a private facility under VA contract when there is compelling medical or social need. If you do not qualify for indefinite care, you may be placed in a community nursing home—generally not to exceed six months following an episode of VA care. The purpose of this short-term placement is to provide assistance to you and your families while alternative, long-term arrangements are explored.

For Veterans who do not qualify for indefinite VA Community Living Center care at VA expense, what assistance is available for making alternative arrangements?

When the need for nursing home care extends beyond the Veteran's eligibility, our social workers will help family members identify possible sources for financial assistance. Our staff will review basic Medicare and Medicaid eligibility and direct the family to the appropriate sources for further assistance, including possible application for additional VA benefit programs.

Additional VA Health Benefits

Dependents and Survivors

CHAMPVA—a health care benefits program for:

- Dependents of Veterans who have been rated by VA as having a total and permanent disability.
- Survivors of Veterans who died from VA-rated service-connected conditions, or who at the time of death, were rated permanently and totally disabled from a VA-rated service-connected condition
- Survivors of persons who died in the line of duty and not due to misconduct and not otherwise entitled to benefits under DoD's TRICARE program.

Address	Telephone	Fax
CHAMPVA PO Box 469063 Denver CO 80246-9063	800-733-8387	303-331-7804
To contact CHAMPVA online	**Web site**	
www.va.gov/hac/contact (see CHAMPVA)	www.va.gov/hac	

Children of Women Vietnam Veterans Health Care Benefits

A program designed for women Vietnam Veterans' birth children who are determined by a VA Regional Office to have one or more covered birth defects.

Address	Telephone
Children of Women Vietnam Veterans	888-820-1756
PO Box 469065	**Fax**
Denver CO 80246-9065	303-331-7807
To contact CWVV online	**Web site**
www.va.gov/hac/contact (see CWVV)	www.va.gov/hac

Spina Bifida Health Care Benefits

A program designed for Vietnam Veterans' birth children diagnosed with spina bifida and who are in receipt of a VA Regional Office award for spina bifida benefits.

Address	Telephone
Spina Bifida Health Care	888-820-1756
PO Box 469065	**Fax**
Denver CO 80246-9065	303-331-7807
To contact Spina Bifida online	**Web site**
www.va.gov/hac/contact (see Spina Bifida)	www.va.gov/hac

For more information on VA health care

Telephone (toll-free): 1-877-222-VETS (8387)

Website: **www.va.gov/healtheligibility**

To download a copy of this brochure, go to:

www.va.gov/healtheligibility/library/pubs/healthcareoverview

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Veterans Health Administration

Chief Business Office

March 2009